

EXHIBIT 8

Blue Cross
Blue Shield
of Michigan

SCHEDULE A (FORM 5500)
INSURANCE INFORMATION

GROUP NAME: HI LEX CORPORATION

PART I: Summary of all insurance contracts included in Parts II and III:

1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
 (b) Group Number CLUSTER D501
 (c) Persons Covered 2,892
 (d) Rating Period 05/01/2002 - 04/30/2003
3. (a) Contract or Identification Number CLUSTER D501
 (b) Name and Address of Agent or Broker (Determined by your Group)
 (c) Amount of Commission Paid (Not Applicable)

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
 (b) Type of Benefit Health Care
 (c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
 ii,iii,iv \$6,799,910
- (b) i Claims Paid \$6,437,524
 ii Increase (Decrease) in Claim Reserves (Not Applicable)
 iii & iv Incurred Claims (Not Applicable)
- (c) i (A) Commissions (Not Applicable)
 (B) Administration \$386,775
 (C) Other Acquisition (Not Applicable)
 (D) Other Expenses (Mandated subsidy) 0
 (E) Taxes 0
 (F) Risk and Contingency (Not Applicable)
 (G) Other Retention (Late Fee, Stoploss Premium) \$102,722
 (H) Total Retention Including Stoploss Premium \$489,497
- ii Cash Refunds or Credits
 (Customer Savings Refund, Interest) \$30,040
- (d) i Amount held for Benefits after Retirement (Not Applicable)
 ii Claims Reserves (Not Applicable)
 iii Other (Rate Stabilization Reserves) (Not Applicable)
- (e) Cash Refunds or Credits Due (Excess Claims) \$127,111

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2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
 (b) Group Number CLUSTER D501
 (c) Persons Covered 2,859
 (d) Rating Period 01/01/2004 - 12/31/2004
3. (a) Contract or Identification Number CLUSTER D501
 (b) Name and Address of Agent or Broker (Determined by your Group)
 (c) Amount of Commission Paid (Not Applicable)

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
 (b) Type of Benefit Health Care
 (c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
 ii, iii, iv \$7,540,422
- (b) i Claims Paid \$7,028,178
 ii Increase (Decrease) in Claim Reserves (Not Applicable)
 iii & iv Incurred Claims (Not Applicable)
- (c) i (A) Commissions (Not Applicable)
 (B) Administration \$464,991
 (C) Other Acquisition (Not Applicable)
 (D) Other Expenses (Mandated subsidy) 0
 (E) Taxes 0
 (F) Risk and Contingency (Not Applicable)
 (G) Other Retention (Late Fee, Stoploss Premium) \$47,253
 (H) Total Retention Including Stoploss Premium \$512,244
- ii Cash Refunds or Credits
 (Customer Savings Refund, Interest) \$87,350
- (d) i Amount held for Benefits after Retirement (Not Applicable)
 ii Claims Reserves (Not Applicable)
 iii Other (Rate Stabilization Reserves) (Not Applicable)
- (e) Cash Refunds or Credits Due (Excess Claims) \$0

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1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
(b) Group Number CLUSTER D501
(c) Persons Covered 2,650
(d) Rating Period 01/01/2005 - 12/31/2005
3. (a) Contract or Identification Number CLUSTER D501
(b) Name and Address of Agent or Broker (Determined by your Group)
(c) Amount of Commission Paid (Not Applicable)

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
(b) Type of Benefit Health Care
(c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
ii, iii, iv \$7,442,652
- (b) i Claims Paid \$6,958,796
ii Increase (Decrease) in Claim Reserves (Not Applicable)
iii & iv Incurred Claims (Not Applicable)
- (c) i (A) Commissions (Not Applicable)
(B) Administration \$434,581
(C) Other Acquisition (Not Applicable)
(D) Other Expenses (Mandated subsidy) 0
(E) Taxes 0
(F) Risk and Contingency (Not Applicable)
(G) Other Retention (Late Fee, Stoploss Premium) \$49,275
(H) Total Retention Including Stoploss Premium \$483,856
- ii Cash Refunds or Credits
(Customer Savings Refund, Interest) \$79,511
- (d) i Amount held for Benefits after Retirement (Not Applicable)
ii Claims Reserves (Not Applicable)
iii Other (Rate Stabilization Reserves) (Not Applicable)
- (e) Cash Refunds or Credits Due (Excess Claims) \$0

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1. Welfare Plan/Pension Plan (Determined by your Group)
2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
 (b) Group Number CLUSTER D501
 (c) Persons Covered 0
 (d) Rating Period 01/01/2006 - 12/31/2006
3. (a) Contract or Identification Number CLUSTER D501
 (b) Name and Address of Agent or Broker (Determined by your Group)
 (c) Amount of Commission Paid (Not Applicable)

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
 (b) Type of Benefit Health Care
 (c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
 ii, iii, iv \$8,546,234
 (b) i Claims Paid \$8,075,368
 ii Increase (Decrease) in Claim Reserves (Not Applicable)
 iii & iv Incurred Claims (Not Applicable)
 (c) i (A) Commissions (Not Applicable)
 (B) Administration \$419,286
 (C) Other Acquisition (Not Applicable)
 (D) Other Expenses (Mandated subsidy) 0
 (E) Taxes 0
 (F) Risk and Contingency (Not Applicable)
 (G) Other Retention (Late Fee, Stoploss Premium) \$51,580
 (H) Total Retention Including Stoploss Premium \$470,866
 ii Cash Refunds or Credits
 (Customer Savings Refund, Interest) \$103,593
 (d) i Amount held for Benefits after Retirement (Not Applicable)
 ii Claims Reserves (Not Applicable)
 iii Other (Rate Stabilization Reserves) (Not Applicable)
 (e) Cash Refunds or Credits Due (Excess Claims) \$0

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2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
 (b) Group Number CLUSTER D501
 (c) Persons Covered 2,650
 (d) Rating Period 01/01/2007 - 12/31/2007
3. (a) Contract or Identification Number CLUSTER D501
 (b) Name and Address of Agent or Broker (Determined by your Group)
 (c) Amount of Commission Paid \$27

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
 (b) Type of Benefit Health Care
 (c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
 ii, iii, iv \$9,273,623
- (b) i Claims Paid \$8,846,369
 ii Increase (Decrease) in Claim Reserves (Not Applicable)
 iii & iv Incurred Claims (Not Applicable)
- (c) i (A) Commissions (Not Applicable)
 (B) Administration \$427,074
 (C) Other Acquisition (Not Applicable)
 (D) Other Expenses (Mandated subsidy) 0
 (E) Taxes 0
 (F) Risk and Contingency (Not Applicable)
 (G) Other Retention (Late Fee, Stoploss Premium) \$64,278
 (H) Total Retention Including Stoploss Premium \$491,352
- ii Cash Refunds or Credits
 (Customer Savings Refund, Interest) \$100,613
- (d) i Amount held for Benefits after Retirement (Not Applicable)
 ii Claims Reserves (Not Applicable)
 iii Other (Rate Stabilization Reserves) (Not Applicable)
- (e) Cash Refunds or Credits Due (Excess Claims) \$64,098

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2. (a) Carrier Name BLUE CROSS BLUE SHIELD OF MICHIGAN
 (b) Group Number CLUSTER D501
 (c) Persons Covered 2,484
 (d) Rating Period 01/01/2008 - 12/31/2008
3. (a) Contract or Identification Number CLUSTER D501
 (b) Name and Address of Agent or Broker (Determined by your Group)
 (c) Amount of Commission Paid \$179

Part II: Insured pension plans (Not Applicable)

Part III: Insured Welfare Plans

8. (a) Contract or Identification Number CLUSTER D501
 (b) Type of Benefit Health Care
 (c), and (d) (Determined by your Group)
9. (a) i Premiums Earned (Determined by your Group)
 ii, iii, iv \$9,030,186
- (b) i Claims Paid \$8,944,593
 ii Increase (Decrease) in Claim Reserves (Not Applicable)
 iii & iv Incurred Claims (Not Applicable)
- (c) i (A) Commissions (Not Applicable)
 (B) Administration \$420,010
 (C) Other Acquisition (Not Applicable)
 (D) Other Expenses (Mandated subsidy) 0
 (E) Taxes 0
 (F) Risk and Contingency (Not Applicable)
 (G) Other Retention (Late Fee, Stoploss Premium) \$107,936
 (H) Total Retention Including Stoploss Premium \$527,946
- ii Cash Refunds or Credits
 (Customer Savings Refund, Interest) \$80,304
- (d) i Amount held for Benefits after Retirement (Not Applicable)
 ii Claims Reserves (Not Applicable)
 iii Other (Rate Stabilization Reserves) (Not Applicable)
- (e) Cash Refunds or Credits Due (Excess Claims) \$442,353